

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

97 AR
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

1997

APPROVED
AND
FILED

1997 DEC 30 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078297

1. Corporation Name

ALL ABOUT GARAGE DOORS & GATES, INC

Principal Place of Business

Mailing Address

8200 NW 103 St., # 312
Hialeah Gardens, Fl 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
9139 NW 117 St

Suite, Apt. #, etc.

City & State
Hialeah Gardens

Zip Country
Fl 33018 USA

3. New Mailing Office Address, if Applicable
9139 NW 117 St

Suite, Apt. #, etc.

City & State
Hialeah Gardens,

Zip Country
Fl 33018 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0700588

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Carlos Zapata	9139 NW 117 St	Hialeah, Fl 33018
STD	Mara Lopez	9139 NW 117 St	Hialeah, Fl 33018

500002392735-8
-01/07/98-01069-019
****165.00 ****165.00
12/30/97

8. Name and Address of Current Registered Agent

COSME PEREZ
8200 NW 103 St., # 312
Hialeah, Gardens, Fl 33016

9. Name and Address of New Registered Agent

Name
Carlos Zapata
Street Address (P.O. Box Number is Not Acceptable)
9139 NW 117 St
Suite, Apt. #, Etc.
City
Hialeah Gardens, State FL Zip Code 33018

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/22/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/97
Date

819 3504
Daytime Phone #

CR2E040 (12/96)